



PEDIATRIC RECEIVING CENTER DESIGNATION

Effective: July 1, 2022
Replaces: January 1, 2022

I. Purpose

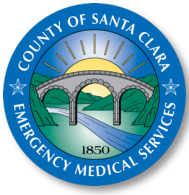
The purpose of this policy is to define the requirements for designation as a Pediatric Receiving Center (PedRC) in Santa Clara County to ensure that pediatric patients are transported to the most appropriate facility, which is staffed, equipped and prepared to administer care appropriate to the needs of pediatric patients.

II. Definitions

- A. Pediatric Emergency Care Coordinator (PECC) - a physician or registered nurse who is qualified in the emergency care of pediatric patients pursuant to this policy.
- B. Pediatric Experience - demonstrated competency through experience to care for children of all ages within their specialty as determined by hospital staff credentialing.
- C. Pediatric Intensivist - a physician who is board-certified or board-eligible in pediatric critical care medicine as recognized by the American Board of Medical Specialties (ABMS), the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Board of Medical Specialties.
- D. Pediatric Patient – children less than 15 years of age.
- E. Qualified Emergency Specialist - a physician who is licensed in California, board certified or board eligible in emergency medicine or pediatric emergency medicine by the ABMS, the American Osteopathic Association Bureau of Osteopathic Specialties, or a Canadian Board or other appropriate foreign specialty board as determined by the ABMS.
- F. Qualified Pediatric Specialist - a physician who is licensed in California, board certified or board eligible in a pediatric specialty by the ABMS, the Advisory Board for Osteopathic Specialties, or a Canadian Board or other appropriate foreign specialty board as determined by the ABMS.
- G. Qualified Specialist - a physician licensed in California who is board certified or board eligible in the corresponding specialty by the ABMS, the Advisory Board for Osteopathic Specialties, or a Canadian Board or other appropriate foreign specialty board as determined by the ABMS.

III. Pediatric Receiving Centers (PedRC)

- A. All PedRCs will meet all the following facility requirements:
 - 1. An interfacility transfer plan for pediatric patients.



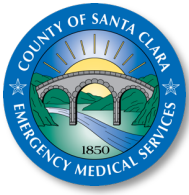
2. A process for obtaining and proving consultation via phone, telehealth, or onsite for emergency care and stabilization, transfer, and transport.
- B. All PedRCs will meet the following personnel requirements:
1. All physician PECCs will be licensed in California and meet all the following requirements:
 - a. Be a qualified emergency specialist, or
 - b. Be a qualified specialist in Pediatrics or Family Medicine, and
 - c. Have competency in resuscitation of pediatric patients of all ages.
 2. All nurse PECCs will be licensed in California and meet all the following requirements:
 - a. Have at least two (2) years of experience in pediatric or emergency nursing within the previous five (5) years.
 - b. Have competency in resuscitation of pediatric patients of all ages through American Heart Association (AHA) Pediatric Advanced Life Support (PALS) or American College of Emergency Physicians sponsored Advanced Pediatric Life Support (APLS).
 3. The designated PECC will be responsible for all the following:
 - a. Provide oversight of the emergency department pediatric quality improvement program.
 - b. Liaison with appropriate hospital-based pediatric care committees.
 - c. Liaison with other PedRCs, the Santa Clara County EMS Agency, base hospitals, prehospital care providers, and neighboring hospitals.
 - d. Facilitate pediatric emergency department continuing education and competency evaluations in pediatrics for emergency department staff.
 - e. Coordinate pediatric disaster preparedness.
 - f. Ensure family centered care practices are in place.
 4. At minimum, one licensed registered nurse or advanced care practitioner per shift in the emergency department will have current completion of the AHA PALS, APLS completion of an Emergency Nursing Pediatric Course, or other equivalent pediatric emergency care nursing course.
 5. All PedRCs will have personnel available for consultation to the emergency department via phone, telehealth, or onsite including:



- a. A qualified pediatric specialist.
 - b. A pediatric intensivist.
6. Support services, including respiratory care, laboratory, radiology, and pharmacy will include staff and equipment to care for the pediatric patient.
- a. Respiratory care specialists who respond to the emergency department.
 - i. Respiratory care specialists will verify their competence to support oxygenation and ventilation of pediatric patients to the Director of Respiratory Services. This verification should include current completion of the AHA PALS Course, American Academy of Pediatrics and American College of Emergency Physicians sponsored APLS Course, or continuing education courses specific to resuscitation of pediatric patients.

C. The pediatric equipment, supplies, and medications in all PedRCs, will include:

1. A length-based resuscitation tape, medical software, or other system available to assure proper sizing of resuscitation equipment and proper dosing of medication.
2. Portable resuscitation supplies, such as a crash cart or bag, with a method of verification of contents on a regular basis.
3. Equipment for patient and fluid warming, patient restraint, weight scale (in kilograms) and pain scale tools for all ages of pediatric patients.
4. Monitoring equipment appropriate for pediatric patients including blood pressure cuffs, doppler device, electrocardiogram monitor/defibrillator, hypothermia thermometer, pulse oximeter, and end tidal carbon dioxide monitor.
5. Respiratory equipment and supplies appropriate for pediatric patients including clear oxygen masks, bag-mask devices, intubation equipment, supraglottic airways, oral and nasal airways, nasogastric tubes, and suction equipment.
6. Vascular access supplies and equipment for pediatric patients including intravenous catheters, intraosseous needles, infusion devices, and intravenous solutions.
7. Fracture management devices for pediatric patients including extremity splints and spinal motion restriction devices.
8. Medications for the care of pediatric patients requiring resuscitation.
9. Specialized pediatric trays or kits which will include:
 - a. Lumbar puncture tray.
 - b. Difficult airway kit with devices to assist intubation and ventilation.



- c. Tube thoracostomy tray including chest tubes in sizes for pediatric patients of all ages.
- d. Urinary catheter tray including urinary catheters for pediatric patients of all ages.
- e. Newborn delivery kit including a towel, clamps and scissors for cutting the umbilical cord, bulb suction, warming pad, neonatal bag-mask ventilation device with appropriately sized masks.

IV. General PedRC Requirements

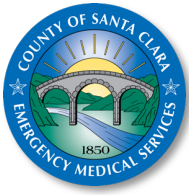
A. A hospital may be designated as a General PedRC upon meeting all the following criteria:

- 1. Be licensed as a general acute care hospital with a basic or comprehensive Emergency Department permit.
- 2. Participate with a Comprehensive and/or Advanced PedRC for pediatric emergency education for hospital staff and emergency care providers consistent with the EMS Agency plan for ongoing pediatric education.
- 3. The emergency department in the hospital will be able to stabilize critically ill or injured infant, children, and adolescents prior to admission to the PICU or transfer to a Comprehensive PedRC facility.
- 4. Establish agreements with Comprehensive and/or Advanced PedRCs, for education, consultation, and transfer.
- 5. Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at another PedRC, such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health.
- 6. Have a PECC, which may be shared with other PedRCs.
- 7. Meet the following additional equipment requirements:
 - a. Neonatal resuscitation equipment including pediatric laryngoscope with Miller 0 and 00 blades, size 2.5 and 3.0 endotracheal tubes, and umbilical vein catheters

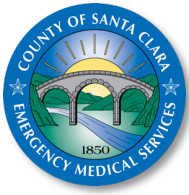
V. Advanced PedRC Requirements

A. A hospital may be designated as an Advanced PedRC upon meeting all the following criteria:

- 1. Be licensed by the Department of Health Services, Licensing and Certification Division, for the following:
 - a. Acute care hospital



- b. Pediatric service
 - c. Basic or comprehensive emergency medical services
 - d. Social services
 - e. Community or Intermediate neonatal intensive care unit (NICU)
 2. The emergency department in the hospital will be able to stabilize critically ill or injured infant, children, and adolescents prior to admission to the PICU or transfer to a Comprehensive PedRC facility.
 3. Have a PICU, in addition to a NICU.
 4. Establish agreements with a minimum of one Comprehensive PedRC, for consultation.
 5. Participate with a Comprehensive PedRC for pediatric emergency education for emergency care providers consistent with the EMS Agency plan for ongoing pediatric education.
 6. Establish transfer agreements with a Comprehensive PedRC to transfer pediatric patients for stabilization, ensuring the highest level of care.
 7. Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at another PedRC, such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health.
- B. All Advanced PedRCs will meet the following personnel requirements:
1. Have a physician and nurse PECC.
 2. Respiratory care service in the pediatric service department and emergency department provided by respiratory care practitioners (RCPs) who are licensed in the state of California and who have completed formal training in pediatric respiratory care which includes clinical experience in the care of children.
 3. Social work services in the pediatric service department provided by a medical social worker holding a master's degree in social work who has expertise in the psychosocial issues affecting the families of seriously ill infants, children, and adolescents.
 4. Behavioral health specialists with pediatric experience to include psychiatrists, psychologists, and nurses.
 5. The following specialties will be on-call, and available for consultation to the ED or NICU within 30 minutes by telephone and in-person within one hour:
 - a. Neonatologist



- b. General Surgeon with pediatric experience
 - c. Anesthesiologist with pediatric experience
 - d. Pediatric Cardiologist
 6. The following specialties will be on-call, and available to the NICU or ED either in-person, by phone, or by telehealth, within 30 minutes:
 - a. Radiologist with pediatric experience
 - b. Otolaryngologist with pediatric experience
 - c. Mental health professional with pediatric experience
 - d. Orthopedist with pediatric experience
 7. The following qualified specialists will be available twenty-four (24) hours a day, 7 days a week, for consultation which may be met through a transfer agreement or telehealth:
 - a. Pediatric Gastroenterologist
 - b. Pediatric Hematologist/Oncologist
 - c. Pediatric Infectious Disease
 - d. Pediatric Nephrologist
 - e. Pediatric Neurologist
 - f. Pediatric Surgeon
 - g. Cardiac Surgeon with pediatric experience
 - h. Neurosurgeon with pediatric experience
 - i. Obstetrics/Gynecologist with pediatric experience
 - j. Pulmonologist with pediatric experience
 - k. Pediatric Endocrinologist
- C. The pediatric equipment, supplies, and medications will include all General PedRC equipment, and:
 1. Crash carts with pediatric resuscitation equipment that will be standardized and available on all units, including the emergency department, radiology suite, and inpatient pediatric service.



VI. Comprehensive PedRC Requirements

- A. A hospital may be designated as a Comprehensive PedRC upon meeting all criteria of an Advanced PedRC, as well as all the following additional requirements:
1. Be licensed as a general acute care hospital with a basic or comprehensive Emergency Department permit and have full, provisional, or conditional California Children's Services approval by the Department of Health Care Services as a tertiary hospital.
 2. Can provide comprehensive specialized pediatric medical and surgical care to any acutely ill or injured child.
 3. Provide ongoing outreach and pediatric education for Community, General PedRCs, and prehospital care providers, in collaboration with the EMS Agency.
 4. Establish transfer agreements or serve as a regional referral center for specialized care, such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health, of pediatric patients.
 5. Emergency department services include a separate pediatric emergency department or a designated area for emergency care of pediatric patients within an emergency department, with physician staff who are qualified specialists in emergency medicine or pediatric emergency medicine.

VII. Data Submission Requirements

- A. All PedRCs will submit data (no less than quarterly), related to pediatric ambulance transports, to the EMS Agency which will include, but not be limited to:
1. Arrival time/date to the emergency department.
 2. Date of birth.
 3. Mode of arrival.
 4. Gender.
 5. Primary impression.
 6. Admitting hospital name if applicable.
 7. Discharge or transfer diagnosis.
 8. Time and date of discharge or transfer from the Emergency Department.
 9. Disposition from the Emergency Department.
 10. External cause of injury.



11. Injury location.
12. Residence zip code.